State of South Dakota **Statement of Financial Interest Candidate for Public Office**

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S.D. SEC. OF STATE

File statement in the office where your nominating petition or convention nomination certification was filed.

Please read information on reverse side before completing this form.	*****
1. Name Scott W. Ecklund, MD	
2. Address 48217 265th street Brandon, SD 51005	
3. Office Sought SD House of Representatives District 25	
4. What is your occupation/profession? Physician	
5. List any enterprise which accounted for more than ten percent of, or contributed more than \$2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise. What is the nature of your immediate family's association with each? The value of the financial interest need not be reported.	cial
Sycamore Clinic Surford Health System Scott - employee	
A R Anderson Southway Corporation (spouse) Alison - shareholder, board of	director
Western Avenue Associates, LC (spouse) Alison - associate	
Fair Oaks LLP (spouse) Alison - limited liability partner	,-
Andurson Children's Tourist Weight of the (Sponse) Alison 6. List any enterprise in which you, your spouse or minor children living at home control more than ten percent of the capital or stock. Identify who has the ownership interest in each enterprise. (Sponse) Alison Scott's Alison(Sponse) What is the nature of your immediate family's association with each?	
The Ideal Weigh To LVCLLP Scott -50% Alism 50%	
Fair Oaks, LLP Alison - spouse 25%	
Anderson Children Trust LLC Alison-sponse 25%	
Western Avenue Associates, LLC Alison. (Sporse 33,33% Alison. Sporse approximately 8-10% Alison-sporse approximately 8-10%	
State of South Dakota)	
County of Minnehala) SS. Verification	
I have reviewed paragraphs 1 through 6 of the Information Regarding Statement of Financial Interest (attached) Statement of Financial Interest and certify that the information reported is a complete, true and accurate represent my financial interests for the preceding calendar year.	, my entation of
(Signed) W. Whlus	
Sworn to before me this 10 day of 12 day of 12 day of 12 day of 15 day of 16 day of 17 day of 17 day of 18	
(Seal) SARAH LAMBERT S Officer Administ	tering Oath
Revised 1997 NOTARY PUBLIC SEAL My commission expires:	
My commission	expires: